STATEMENT OF

FORM 1	ORGANIZ (See instructi			Office use only
1. NAME OF COMMITTEE (in	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
AMERICAN AS	SSOCIATION OF CROP INSURE	RS POLITICAL ACTION CO	MMITTEE (AA(э
ADDRESS (number and	ONE MASSACHUSI	ETTS AVE NW SUITE 800	11111	
(Check if address				
is changed)	WASHINGTON		DC [20001
		CITY▲	STATE	ZIP CODE 📥
COMMITTEE'S E-MA	L ADDRESS (Please provide only one e	e-mail address)		
(Check if address is changed)	rpasco@mwmlaw.c	com		
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)		111111111	11111	
		111111111	11111	
2. DATE 0 3				
3. FEC IDENTIFICA	TION NUMBER	C C00172833		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)		
I certify that I have exami	ned this Statement and to the best of my kr	nowledge and belief it is true, correct	and complete	
Type or Print Name of	Treasurer Michael R. McL	eod		
Signature of Treasurer	Electronically Filed by Michael	R. McLeod	Date 03	24 2009
NOTE: Submission of fa	se, erroneous, or incomplete information m	ay subject the person signing this S	•	-
Office Use Only		For further informatio Federal Election Comm Toll Free 800-424-953	ission	FEC FORM 1 (Revised 02/2009)